

# UPDATE ON ESSENTIAL PLAN

📍 Liz Bank **Essential Plan**

Marketplace ID: HX0002156786

Congratulations! You are eligible for a limited time to enroll in the Essential Plan with a **\$20 premium per month**. This means that you must return required document(s) to NY State of Health to continue your coverage. Your eligibility is based on the number of people in your family and the income information in your application. The household income listed in your application is \$22,000.00.

The Essential Plan covers all essential health benefits with low co-pays for certain health services and no annual deductible. You may choose to also enroll in dental and vision benefits for an additional monthly premium.

Annual Household Income	Federal Poverty Level	Premium Amount	Start	End
\$22,000.00	188.52%	\$20.00	02/01/2016	01/31/2017

In order for your eligibility to be finalized, you must submit documents by the date below to confirm that the information you provided in your application is accurate.

**Time: 10:00am – 11:30am**  
**Dial-In Number: 1-855-897-5763**  
**Conference ID:10220131**

# TODAY'S WEBINAR



- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

# PRESENTERS



## Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus Policy & Exchange  
Consumer Assistance

## Today's Presenters

Erin Bacheldor

Medical Assistance Specialist, Division of Eligibility and  
Marketplace Integration

Kathleen Johnson

Director, Bureau of Community Enrollment and WMS  
Eligibility Processing

PJ Weiner

Assistant Director of Plan Management, NY State of Health

# WHO IS ELIGIBLE FOR ESSENTIAL PLAN



- Ages 19 through 64
- Lawfully Present
- New York State Resident
- Not eligible for Medicaid or Child Health Plus or Advanced Premium Tax Credits (APTC)
- Not eligible for affordable Minimum Essential Coverage (MEC)

Pregnant women are NOT eligible for Essential Plan because they will qualify for Medicaid. Consumers are required to report their pregnancy and the NY State of Health will re-determine their eligibility for Medicaid.

# 4 VARIATIONS

Review of the Essential Plan variations will be presented in descending order.

- Essential Plan 3 and 4 – These variations have income eligibility levels at or under the Medicaid threshold.
  - Immigration status is also a factor
- Essential Plan 2 – This variation has income levels similar to the APTC PP (Premium Payment) program which was in place last year. It also has income levels similar to the former Family Health Plus program which was in place before the Marketplace. EP 2 is not the APTC PP program or the same as Family Health Plus. We will review EP 2 and 1 together although they also function differently when it comes to cost.
- Essential Plan 1 – This variation has the highest income levels in place. It is the only variation with a monthly premium cost.

# 4 VARIATIONS

MAGI Income and household size will be used to determine eligibility. There are four variations of the Essential Plan based on eligibility criteria:

Essential Plan 4	Individuals with income below 100% of the FPL and not eligible for Medicaid due to immigration status.
Essential Plan 3	Individuals with income equal to or greater than 100% of the FPL and less than or equal to 138% of the FPL and not eligible for Medicaid due to immigration status.
Essential Plan 2	Individuals with income greater than 138% of the FPL and less than or equal to 150% of the FPL.
Essential Plan 1	Individuals with income greater than 150% of the FPL and less than or equal to 200% of the FPL.

# ELIGIBILITY AND EXCEPTIONS

## ESSENTIAL PLAN 3 AND 4

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# WHO IS ELIGIBLE FOR ESSENTIAL PLAN 3 AND 4?



In general, individuals who are ineligible under Medicaid, due to their immigration status, are eligible for Essential Plan 3 and 4 (if otherwise eligible).

1. Aliessa immigrants (must be at least 21 years old to be considered Aliessa immigrant)
  - Legal immigrants in the federal 5-year ban
  - Some categories of PRUCOL
2. Temporary Non-Immigrants (Non-Immigrant Visa Holders) who pass residency review and are between 21 – 64 years of age .
  - Temporary non-Immigrants who do not pass residency review will be granted Emergency Medicaid

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# WHAT IS THE 5 YEAR BAN?

The Federal 5 year ban was part of Welfare Reform. During the first 5 years that an alien is in a Qualified Alien Status (e.g., LPR is a Green Card Holder) they would be ineligible for Federal Financial Participation (FFP) under Medicaid.

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# WHAT IS PRUCOL AGAIN?

**PRUCOL** means Permanently Residing Under Color of Law, and is a category that was created by courts and is used for public benefits eligibility, including Medicaid. It is not recognized as an immigration status by the US Citizenship and Immigration Services (USCIS). For a person to be residing “under color of law,” the government must know about the person’s presence in the US, and has indicated that it is not contemplating the individual’s departure or planning deportation. A person residing under PRUCOL status cannot directly apply for U.S. citizenship or sponsor family members to obtain U.S. Citizenship. Though some of these individuals do not have SSNs, if financially eligible, PRUCOL individuals can get Medicaid, Child Health Plus, or Essential Plan in New York State. Depending on their particular immigration status, they may also be eligible for a QHP with or without the Premium Tax Credits or Cost Sharing Reductions.

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# WHAT ARE TEMPORARY NON-IMMIGRANTS?

**Non-Immigrant Visa Holder** - Person with short-term visas such as tourists, foreign students, or temporary workers.

- Must pass residency review to be eligible for Essential Plan.

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# EXCEPTIONS FOR EP 3 AND 4

## Exception #1 Medicaid FFP Federal Financial Participation

**Some individuals may remain eligible for Medicaid with Federal Financial Participation and will not go into Essential Plan.**

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# EXCEPTIONS FOR EP 3 AND 4

Who is still eligible for Medicaid with Federal Financial Participation?

Exceptions for PRUCOL, 5 year ban, and Non-Immigrant Visa Holders who are NYS Residents:

## Medicaid FFP – Federal Financial Participation

- Some individuals will remain in MA (FFP)
  - Pregnant Women
  - Children up to age 21

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# EXCEPTIONS FOR EP 3 AND 4

## Medicaid FFP – Federal Financial Participation

- Some individuals will remain in MA (FFP)
  - Pregnant Women
  - Children up to age 21

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.



Essential Plan

Ida is a 26 year old legal immigrant in the federal 5 year ban. She has an FPL of 125%. Based on her immigration status and FPL, She is eligible for Essential Plan 3.



Medicaid

If Ida marks “Yes” on her application to the question “Is Ida Pregnant”, her FPL would decrease and she would be found eligible for Medicaid due to her pregnancy.

# EXCEPTIONS FOR EP 3 AND 4

## 5 YEAR BAN EXCEPTIONS

Certain Permanent Residents are not subject to the 5 year ban are eligible for Medicaid with Federal Financial Participation (FFP)

- Refugees
- Asylees
- Native Americans in a federally recognized tribe, born outside of the US
- Veterans
- Victims of Trafficking
- Cuban-Haitians entrants

Keep in mind eligible family members of the categories above would also be included.

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# EXCEPTIONS FOR EP 3 AND 4

## Exception #2

### Medicaid FNP Federally Non Participating AKA Medicaid with State only dollars

**Some individuals may remain eligible for Medicaid with State only dollars.**

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# EXCEPTIONS FOR EP 3 AND 4

In general, individuals who are ineligible for Federal Financial Participation (FFP) under Medicaid are eligible for Essential Plan 3 and 4 (if otherwise eligible).

Exceptions for PRUCOL, 5 year ban, and Non-Immigrant Visa Holders who are  
NYS Residents:

## Medicaid FNP – Federally Non Participating

- Some individuals will remain in MA (FNP)
  - Certain PRUCOLs (more to come)
  - Individuals receiving long term care services
  - Individuals eligible for Minimum Essential Coverage (MEC)

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# EXCEPTIONS FOR EP 3 AND 4

## Medicaid FNP – Federally Non Participating

- Some individuals will remain in MA (FNP)
  - Certain PRUCOLs (more to come)
  - Individuals receiving long term care services
  - Individuals eligible for Minimum Essential Coverage (MEC)

EP 3	≥ 100% ≤ 138% Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	< 100% Ineligible for Federal Financial Participation (FFP) due to immigration status.



Essential Plan

Ida is a 26 year old legal immigrant in the federal 5 year ban. She has an FPL of 125%. Based on her immigration status and FPL, She is eligible for Essential Plan 3.

If Ida is receiving long term care services and the Marketplace has determined that she is eligible for Essential Plan, the Assistor should submit the case to:

[TransitionToNYSOH@health.ny.gov](mailto:TransitionToNYSOH@health.ny.gov) - request that the individual be put back into Medicaid based on their need for long term care services.



Medicaid

# EXCEPTIONS FOR EP 3 AND 4

## CERTAIN PRUCOLS WILL REMAIN IN MEDICAID

Individuals who will remain in Medicaid and are Federally Non Participating (FNP):

- Applicants for suspension of deportation/cancellation of removal without employment authorization
- Applicants for Asylum without employment authorization
- Applicants requesting deferred action
- Applicants for Temporary Protected Status (TPS) without employment authorization
- Persons granted indefinite stay of deportation
- Persons granted indefinite/other voluntary departure
- Persons granted Deferred Action and applicants for Childhood Arrivals

EP 3	≥ 100% ≤ 138% Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	< 100% Ineligible for Federal Financial Participation (FFP) due to immigration status.

These cases are complicated and a slight difference will make someone eligible for Essential Plan versus Medicaid (FNP).

# ELIGIBILITY

## ESSENTIAL PLAN 1 AND 2

EP 1	$> 150\% \leq 200\%$
EP 2	$> 138\% \leq 150\%$

# WHO IS ELIGIBLE FOR ESSENTIAL PLAN 1 AND 2?

The Eligibility rules for Essential Plan remain in place.

Individuals with income greater than 138% FPL and less than or equal to 200% FPL who meet the remaining eligibility criteria will be eligible for Essential Plan 1 or 2.

- Ages 19 through 64
- Lawfully Present
- New York State Resident
- Not eligible for Medicaid or Child Health Plus or Advanced Premium Tax Credits (APTC)
- Not eligible for affordable Minimum Essential Coverage (MEC)

EP 1	$> 150\% \leq 200\%$
EP 2	$> 138\% \leq 150\%$

# POLL QUESTION #1

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

Joe is a short term visa holder, 23 years old, and owns a home in NY. Joe does not have any other health insurance available to him. His FPL is 130%. Is Joe eligible for Essential Plan?

# POLL QUESTION #2

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

Joe is a short term visa holder, 20 years old, and owns a home in NY. Joe does not have any other health insurance available to him. His FPL is 130%. Is Joe eligible for Essential Plan?

## Questions?



# PLAN VARIATIONS

## Essential Plan has Continuous Open Enrollment

<p>EP 1 &gt; 150% ≤ 200%</p> <p>EP 2 &gt; 138% ≤ 150%</p>	<ul style="list-style-type: none"><li>• Coverage will be effective based on the “15<sup>th</sup> of the month” rule.<ul style="list-style-type: none"><li>○ Same as CHPlus and QHPs</li></ul></li></ul>
<p>EP 3 ≥ 100% ≤ 138%</p> <p>EP 4 &lt; 100%FPL</p>	<ul style="list-style-type: none"><li>• Coverage will be effective on the 1<sup>st</sup> of the month in which the individual enrolls in their Essential Plan<ul style="list-style-type: none"><li>○ Same as Medicaid</li><li>○ If the individual already has coverage on the Marketplace and is re-determined as eligible for Essential Plan, then their current Marketplace coverage will term at the end of the month in which eligibility is re-determined, and EP coverage will begin the first of the following month.</li></ul></li></ul>

# PLAN IDENTIFICATION

<p>EP 1 &gt; 150% ≤ 200%</p> <p>EP 2 &gt; 138% ≤ 150%</p>	<p>Individuals will receive:</p> <ul style="list-style-type: none"><li>• Plan ID card</li></ul>
<p>EP 3 ≥ 100% ≤ 138%</p> <p>EP 4 &lt; 100%FPL</p>	<p>Individuals will receive:</p> <ul style="list-style-type: none"><li>• Plan ID Card</li><li>• CBIC Card<ul style="list-style-type: none"><li>○ In order to access non-emergency medical transportation and out of network family planning services which are available through Medicaid enrolled providers.<ul style="list-style-type: none"><li>▪ These services are available on a fee-for-service (FFS) basis from providers who accept Medicaid, and are accessed in the same manner a Medicaid consumer would access them.</li></ul></li></ul></li></ul>

# BENEFITS SUMMARY

<p>EP 1 &gt; 150% ≤ 200%</p> <p>EP 2 &gt; 138% ≤ 150%</p>	<p>-Covers Essential Health Benefits (EHBs) -Option to select a plan with adult dental and vision</p>
<p>EP 3 ≥ 100% ≤ 138%</p> <p>EP 4 &lt; 100%FPL</p>	<p>-Covers Essential Health Benefits (EHBs) -Benefits will mirror Medicaid (except Long Term care) -Members will have additional benefits included:</p> <ul style="list-style-type: none"><li>• Adult Dental</li><li>• Vision Care</li><li>• Non-Emergency Transportation</li><li>• Non-Prescription Drugs</li><li>• Orthotic Services</li><li>• Orthopedic Footwear</li></ul>

# PREMIUM SUMMARY

EP 1 > 150% ≤ 200%	<ul style="list-style-type: none"><li>-Premium cost of \$20/individual/month</li><li>-Additional cost if selecting a plan with dental and vision</li><li>-Premium must be paid to effectuate coverage (consumers have until the 10<sup>th</sup> day of the 1<sup>st</sup> month of coverage to make the payment)</li><li>-Subsequent premiums are due at the end of the month before the month of coverage<ul style="list-style-type: none"><li>• Grace period of 30 days for subsequent months</li></ul></li></ul>
EP 2 > 138% ≤ 150%	<ul style="list-style-type: none"><li>-No Premium for medical plan only</li><li>-Option to select a plan with dental and vision for a cost</li></ul>
EP 3 ≥ 100% ≤ 138%	<ul style="list-style-type: none"><li>-No premium</li></ul>
EP 4 < 100%FPL	



If Dental and vision plans are selected at an additional cost, the same rules apply regarding the premium payment and the grace period.

# OUT OF POCKET COST SUMMARY

## Summary of Essential Plan Costs and Benefits

	Essential Plan 1 Annual individual income: \$17,656 - \$23,540	Essential Plan 2 Annual individual income: \$16,245 - \$17,655	Essential Plan 3 Annual individual income: \$11,770 - \$16,244	Essential Plan 4 Annual individual income: Below \$11,770
Premium (per month)	\$20	\$0	\$0	\$0
Deductible (per year)	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket Limit	\$2,000	\$200	\$200	<del>\$200</del>
<b>Cost Sharing</b>				
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Physician	\$15	\$0	\$0	\$0
Specialist	\$25	\$0	\$0	\$0
Inpatient Facility (including behavioral health)	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
Outpatient behavioral health	\$15	\$0	\$0	\$0
Outpatient Facility	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$0	\$0	\$0
Ambulance	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
Surgeon	\$50	\$0	\$0	\$0
Physical Therapy, Occupational Therapy, Speech Therapy	\$15	\$0	\$0	\$0
Durable Medical Equipment and Supplies	5% Coinsurance	\$0	\$0	\$0
Hearing Aids	5% Coinsurance	\$0	\$0	\$0
Non-emergency transportation	Not covered	Not covered	\$0	\$0
Adult Dental* (preventive, routine and major dental care)	\$15	\$0	\$0	\$0
Vision Care – Exams*	\$15	\$0	\$0	\$0
Vision Care – Lenses and Frames*	10% Coinsurance	\$0	\$0	\$0
Vision Care – Contact Lenses*	10% Coinsurance	\$0	\$0	\$0
Non-prescription drugs	Not covered	Not covered	\$1	\$0
Prescription Drugs				
Tier 1	\$6	\$1	\$1	\$0
Tier 2	\$15	\$3	\$3	\$0
Tier 3	\$30	\$3	\$3	\$0

(Note that copays for mail order prescription drugs are 2.5 times retail copays above for 90-day supply)

\*Where dental and vision benefits are available for Essential Plan 1 & 2 members, enrollees pay extra for the benefits. All essential Plan 3 & 4 enrollees have these benefits included.

# OUT OF POCKET COST SUMMARY

## American Indians/Alaskan Natives

- Must pay any premiums due
- Household income below 300% FPL do not pay cost sharing for services.

# NETWORKS

EP 1

> 150% ≤ 200%

EP 2

> 138% ≤ 150%

EP 3

≥ 100% ≤ 138%

EP 4

< 100%FPL

- EP Insurers will have a link to their provider network on the plan details page.
- Consumers should check with BOTH the health care provider and the EP Plan to make sure the provider is in the health plans network.
  - Consumers should ask the provider specifically if they accept the health plan's Essential Plan product.

1. Must Essential Plan maintain Network Adequacy standards? Yes.
2. Is Essential Plan the same as Medicaid? No. The Plan contracts with a network of providers which can vary from plan to plan.
3. Complaints can be directed to the Call Center, who will make appropriate referrals.

# AGE

EP 1 > 150% ≤ 200%	-Ages 19-64
EP 2 > 138% ≤ 150%	
EP 3 ≥ 100% ≤ 138%	-Ages 21-64 <ul style="list-style-type: none"><li>• Essential Plan for Aliessa immigrants and Temporary Non-Immigrants (who pass residency review) starts at age 21.</li></ul>
EP 4 < 100%FPL	

- Parent/caretaker relatives age 65 or older who are ineligible for Medicare and Medicaid may be eligible for PTC starting at 138% FPL.

# ANNUAL INCOME AND FPL LEVEL RULES

EP 1  
> 150% ≤ 200%

EP 2  
> 138% ≤ 150%

EP 3  
≥ 100% ≤ 138%

EP 4  
< 100%FPL

- Eligibility is based on projected annual income.
  - Individuals cannot be evaluated for Essential Plan based on their current monthly income. (Including those attesting to income below the Medicaid levels).
  - Same as QHP rules
- Eligibility will be based on the previous tax year's published FPLs.
  - Based on FPLs published at the time of open enrollment and remains consistent through the coverage year.
  - Same as QHP rules

# THE APPLICATION

# CITIZENSHIP/IMMIGRATION STATUS

# CITIZENSHIP/IMMIGRATION STATUS



## WHAT CITIZENSHIP/IMMIGRATION STATUS SHOULD BE MARKED IN ORDER TO BE ELIGIBLE FOR EP?

Tell us about Marla

To start your application, tell us the following information about each person on this application. This information helps us decide what programs you qualify for.

Tell us Marla's Marital Status. \* ?

Single  Married  Divorced  Separated  Widowed

Tell us Marla's Date of Birth. \*

01 - 01 - 1985

Write In Marla's Social Security Number. \* ?

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

... - .. - 9214

I Don't Have One. ?

Mark one box that indicates Marla's current Citizenship or Immigration Status.\* ?

US Citizen  
 Naturalized Citizen ?  
 Immigrant Non-Citizen ?  
 Non-Immigrant Visa Holder ?  
 Other ?

**If you do not fit into any of the Citizenship or Immigration Status categories above but you are lawfully living in the United States, do NOT choose "Other" as your immigration status. Please choose either "Immigrant Non-Citizen" or "Non-Immigrant Visa Holder," depending on which category best describes your immigration status.**

# CITIZENSHIP/IMMIGRATION STATUS



## WHAT CITIZENSHIP/IMMIGRATION STATUS SHOULD BE MARKED IN ORDER TO BE ELIGIBLE FOR EP 3 OR 4?

- **Immigrant Non-Citizen** - Person who lives and works in the United States with the permission of the United States Citizenship and Immigration Services (USCIS).
  - Individuals who mark Immigrant Non-Citizen must fit into one of the categories below and be otherwise eligible before a full EP 3 or 4 determination can be made.
    - Legal immigrants in the federal 5-year ban
    - Some categories of PRUCOL
- **Non-Immigrant Visa Holder** - Person with short-term visas such as tourists, foreign students, or temporary workers.
  - Individuals who Non-Immigrant Visa Holder must be able to demonstrate that they are legally present and pass residency review and be otherwise eligible before a full EP 3 or 4 determination can be made.

EP 3	$\geq 100\% \leq 138\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.
EP 4	$< 100\%$ Ineligible for Federal Financial Participation (FFP) due to immigration status.

# CITIZENSHIP/IMMIGRATION STATUS



## WHAT CITIZENSHIP/IMMIGRATION STATUS SHOULD BE MARKED IN ORDER TO BE ELIGIBLE FOR EP 1 OR 2?

- **US Citizen:** Person born in the U.S. (or certain territories) or has at least one parent who is a US citizen or has gone through the naturalization process.
- **Naturalized Citizen:** Person who was not born in the United States voluntarily becomes a U.S. Citizen.
- **Immigrant Non-Citizen:** Person who lives and works in the United States with the permission of the United States Citizenship and Immigration Services (USCIS).
- **Non-Immigrant Visa Holder:** Person with short-term visas such as tourists, foreign students, or temporary workers.

EP 1	> 150% ≤ 200%
EP 2	> 138% ≤ 150%

# NON-IMMIGRANT VISA HOLDER – RESIDENCY REVIEW



1. Have you or your child(ren) applied to adjust your status to become a legal permanent resident?  
Yes/No

- If yes, please provide a copy of your application to adjust status or some other documentation proving this.

2. Do you currently work? Yes/No

- If yes, how long have you worked for your current employer? Please provide pay stubs or letter from your employer. \_\_\_\_\_ years / \_\_\_\_\_ months

3. Do your child(ren) go to school? Yes/No

- If yes, a letter is needed from the school that states that the child attends school there and indicates how long he/she has attended.

4. Do you own your own home? Yes/No

- If yes, a copy of the mortgage or documentation that verifies that mortgage payments are being made is needed.

5. Do you rent a house or apartment? Yes/No

- If yes, a copy of lease or rental agreement is needed.

# CITIZENSHIP/IMMIGRATION STATUS

## WHAT IF I CHECK "OTHER"

Tell us about Marla

To start your application, tell us the following information about each person on this application. This information helps us decide what programs you qualify for.

Tell us Marla's Marital Status. \*

Single  Married  Divorced  Separated  Widowed

Tell us Marla's Date of Birth. \*

01 - 01 - 1985

Write in Marla's Social Security Number. \*

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

... - ... - 9214

I Don't Have One.

Mark one box that indicates Marla's current Citizenship or Immigration Status. \*

US Citizen

Naturalized Citizen

Immigrant Non-Citizen

Non-Immigrant Visa Holder

Other

If you choose any of the Citizenship or Immigration Status categories above but you are lawfully living in the United States, do NOT choose "Other" as your immigration status. Please choose either "Immigrant Non-Citizen" or "Non-Immigrant Visa Holder," depending on which category best describes your immigration status.

Check "Other" Only If...

- Consumer has no evidence that USCIS or ICE knows they are here and has given them permission to stay or is acquiescing in their continued residence, for example:
  - Consumer entered without inspection
  - Consumer overstayed his or her Visa and has no application pending with immigration
  - Consumer has been ordered removed/deported and does not have a stay and/or is not under an order of supervision

# CITIZENSHIP/IMMIGRATION STATUS

## WHAT IF I CHECK "OTHER"

Tell us about Marla

To start your application, tell us the following information about each person on this application. This information helps us decide what programs you qualify for.

Tell us Marla's Marital Status. \*

Single  Married  Divorced  Separated  Widowed

Tell us Marla's Date of Birth. \*

01 - 01 - 1985

Write in Marla's Social Security Number. \*

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

... - ... - 9214

I Don't Have One.

Mark one box that indicates Marla's current Citizenship or Immigration Status.\*

US Citizen

Naturalized Citizen

Immigrant Non-Citizen

Non-Immigrant Visa Holder

Other

If you check any of the Citizenship or Immigration Status categories above but you are lawfully living in the United States, do NOT choose "Other" as your immigration status. Please choose either "Immigrant Non-Citizen" or "Non-Immigrant Visa Holder," depending on which category best describes your immigration status.

Individuals who check "Other" can only be eligible for:

- Emergency Medicaid
  - Exception for pregnant woman
- Child Health Plus

# THE APPLICATION

# RETROACTIVE MEDICAID COVERAGE

# RETROACTIVE MEDICAID COVERAGE

## WHAT IF I CHECK THAT I NEED HELP PAYING FOR MEDICAL BILLS IN THE 3 MONTHS BEFORE MY COVERAGE STARTS?

Recent Medical Expenses

Does **Sally** want help paying for medical bills in any of the following months? ⓘ \*

-March 2015  
-February 2015  
-January 2015

Yes  No

Please select the months in which you would like help paying for health coverage

March 2015  
 February 2015  
 January 2015

- Retroactive coverage can be requested by any consumer, including consumers enrolled in Essential Plan 1, 2, 3 or 4.
- Individuals must be able to demonstrate that they are financially eligible for Medicaid in the retroactive period in which they are requesting coverage before retroactive coverage can be granted.
  - Individuals must be determined to be fully eligible in NY State of Health before retroactive coverage can be granted.

# RETROACTIVE MEDICAID COVERAGE



Individuals who are fully eligible (no outstanding requests for documentation) for Essential Plan 3 or 4 who indicate that their income was the same in the past three months may be systematically granted retroactive Medicaid coverage.

Sally Income		
Based on the information you told us, we calculated the average monthly income for Sally to be \$100.00 per month. Please fill out the boxes below to confirm that your income that month was the same as your monthly average or to enter a different amount of income for those months.		
Month	Agree with average monthly income?	Income
March 2016	<input checked="" type="radio"/> Yes <input type="radio"/> No	✓ <i>Agreed with monthly income</i>

# RETROACTIVE MEDICAID COVERAGE

Individuals who indicate their income was not the same during the retroactive period must provide income documentation demonstrating they are Medicaid eligible during the month that they are requesting coverage before retroactive coverage is granted.

Sally's Income		
Based on the information you told us, we calculated the average monthly income for Sally to be \$0.00 per month. Please fill out the boxes below to confirm that your income that month was the same as your monthly average or to enter a different amount of income for those months.		
Month	Agree with average monthly income?	Income
March 2016	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text" value="\$ Enter Income"/> <input checked="" type="checkbox"/> No Income

# RETROACTIVE MEDICAID COVERAGE

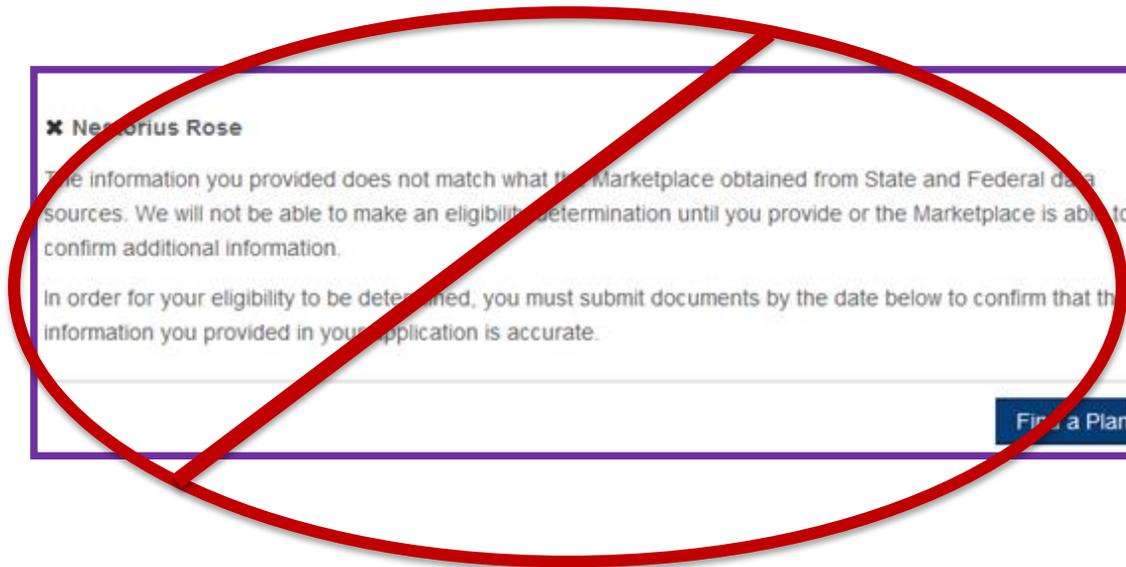
Many individuals are being found temporarily eligible for Essential Plan with a document request for citizenship/immigration status.

Individuals who are temporarily eligible for Essential Plan 3 or 4 must satisfy any outstanding requests before retroactive Medicaid can be granted.

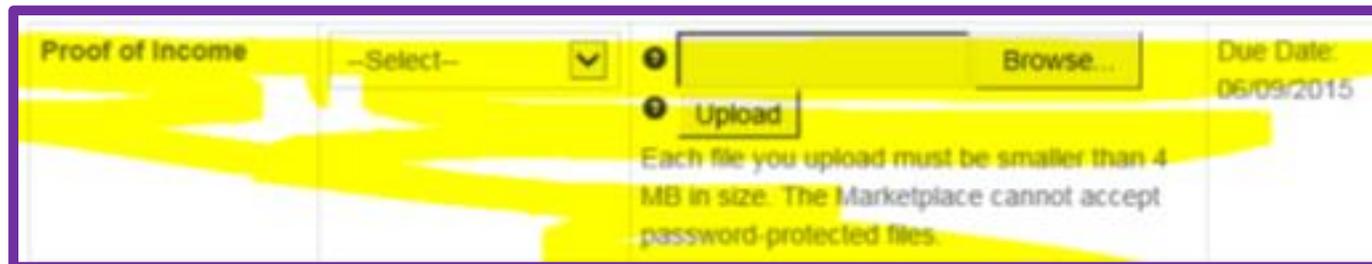
Outcomes for Retroactive Medicaid Coverage are based on the review of citizenship/immigration documents:

<b>Retroactive Eligibility</b>		<b>Eligibility moving forward</b>
01 Medicaid Fee For Service	 ←	Essential Plan 3 or 4
01 Medicaid Fee For Service		Medicaid (FFP or FNP)
07 Emergency Medicaid		Emergency Medicaid
Not eligible for retro coverage		Disenrolled for failure to document

# No PENDING ELIGIBILITY



- The Marketplace does not “pend” applications for Essential Plan.
- If any verification is needed the consumer will be eligible for Essential Plan with a document request and a due date.



# RETROACTIVE MEDICAID COVERAGE

## Possible determination messages

**② You also qualify for Medicaid in the following months:**

- November 2014
- January 2015

**③ You have requested help with paying medical bills for the three month period prior to your application.**

We will send you a separate notice telling you if you are eligible for Medicaid for this time period after we receive all documents that are needed to confirm your current eligibility.

**① You do not qualify for Medicaid in the following months:**

- December 2014

# POLL QUESTION #3



True or False?

A consumer who is enrolled in Essential Plan will continue to be enrolled for the 12 month plan year even if their income increases during the year.

# POLL QUESTION #4



True or False? All Essential Plan enrollees have a yearly deductible and a monthly premium.

## Questions?



## Tool Kit

- Attachment F
- Essential Plan Benefits and Cost Sharing
- Immigrant Resource

# Reminder

## Recertification Process

- All Assistors must view all webinars to be recertified.
  - Please keep track of the date that you watched this webinar
- The reporting process for recertification is currently being finalized and information will be forthcoming.



Thank you for joining us!

Next Recertification Training:

Title: What's New

Date: June 2016